Application of	or Docket	Number
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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/537835

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CLAIMS AS FILED - PART I (Column 1) (Column 2)					ENTITY	OR	OTHER SMALL				
FC	PR	NUMBE	RFILED	NUMBER	EXTRA	RAT	Ε	FEE		RATE	FEE
ВА	SIC FEE	***	4.5846.454	Design of the second				345.00	OR	77 Y 198	690.00
то	TAL CLAIMS	105	minus 2	20= +		X\$ 9= OR >			X\$18=	1584	
IND	EPENDENT CL	NT CLAIMS minus 3 = * X39= OR					X78=	78			
MU	MULTIPLE DEPENDENT CLAIM PRESENT					OR	+260=				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						AL		OR	TOTAL	2352
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)					SMA	LL I	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 117	Minus	108	= 4	X\$ 9	)=		OR	X\$18=	12
AME	Independent	· 4	Minus	PENDENT CLAIM	-0	X39	=		OR	X78=	
	FIRST PRESE	NIATION OF MC	JUIPLE DEF	PENDENT CLAIM		+130	)=		OR	+260=	
						TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	72
	A 3. 1. 1	(Column 1)		(Column 2)	(Column 3)	ADDII.			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SNT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9	)=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39	=		OR	X78=	
Ĺ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT CLAIM	l	.40/			1	.000	
						+130	TAL		OR	+260=	
						ADDIT.		L	OR	ADDIT. FEE	
<u> </u>	Carrier Section 1	(Column 1) CLAIMS	<b>1</b> , , ,	(Column 2) HIGHEST	(Column 3)						
AMENDMENT C	4	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**	=	X\$ 9	)= ·		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39			OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM	1	<u> </u>			,		
	If the entry in each	mn 1 is loss than t	he entry in colu	ımn 2 write "N" in c	olumn 3	+130			OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE						OR	TOTAL ADDIT. FEE				

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Pel

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09	53	1835
	1		•

Total Fee Calculation								
	Fee Code	Total . # Claims	Number Extra X	Fe:	Fec =			
	SmAg.			Sm. Entity	Lg. Eptity	Total		
Bwic Filing Fee	201/101		)		690.	190		
Total Claims >20	203/103	108	88 3		18	1004		
independent Chime 23	. 202/102	4	$l \rightarrow$		78 .	78		
Mult Dep Chim Instant	<u> </u>							
Sweharde .	203/165				E	120		
Bagliub Translation	150					. <u>130</u>		
TOTAL FEE CALCULA	א <u>סרד</u> א אור .				• ,	2,482		
Fees due upon <u>tiling</u> d	e application:				•.	(		
Total Filing Fees Due :	= · · · · · · · · · · · · · · · · · · ·	248	2.00					
Less Filing Fees Submi	ned - \$	40		!				
EALANCE DUE	= 2	2,48	2.00					
Office of Initial Pater E	ixamination				en e			